24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Generation Forward PAC	C C00578724
Check if 24-hour report X 48-hour report New report Amends report filed	d on 06 / 19 / 2015
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Day of Francisco	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Caloridat Tour to Bate	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	75 75 75
(c) TOTAL Independent Expenditures	
·	75 75 75
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Damian O'Doherty	M / D D / V - V - V
[Electronically Filed] Date	06 23 2015
Signature	

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: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F24A Transaction ID:

This amendment is being filed becuase the reported advertising was cancelled and did not occur.

Form/Schedule: Transaction ID: